

Minor Parental Authorization

Parent or Legal Guardian of: (Complete name of m	inor child)	
RE: Parental Authorization		
The Department of Human Services requires a pare to allow any minor less than 18 years of age to recemedical appointments without being accompanied	eive nonemergency medical transportation	
The transportation coordinator must receive the sign transportation for a minor traveling without a pare for one year from the date the transportation coord	ent or legal guardian. The signed authorizati	
Return the signed parental authorization to: Smart	Link at <u>Transit@co.scott.mn.us</u> or SmartLir	nk at
1615 Weston Ct. Shakopee, MN 55379		
Contact the following with any concerns or questio	ns: SmartLink at 952-496-8341 Ext. 2	
MHCP member identification number:		
I	ergency medical transportation for my mine norize transportation for my minor depende authorization allows a nonemergency tran from Minnesota Health Care Program (MHC	or ent to and sportation
By signing below, I indicate I have read and underst	tand this parental authorization.	
I have also included names of people who may rece an additional sheet of paper, if needed.)	eive my child when dropped off in my abse	nce: (Use
The parental authorization is valid for one year fror	n the signature date.	
Print name parent or legal guardian	Signature parent or legal guardian	
Date		
Emergency contact name and phone number: emergency contact. If you choose not to provide an emergency	y contact and we are not able to contact a parent or	